MCH Training Program Webcast, May 15, 2003

>>LAURA KAVANAGH: Good morning and good afternoon and welcome to the MCH Training Webcast.
I'm Laura Kavanagh, chief of the training branch and I'm happy to be with you this morning or afternoon, depending on where you are.
First I'll provide an overview of the interface that you see before you and we'll move on to our agenda for the day.
Slides will appear before you in the central window and they should advance automatically.
They're synchronized with the presentation.
You don't need to touch anything to push the slide.
You may need to time the changing of the slides.
You need to use the slide delay control at the top of the messaging window.
We also encourage you to ask questions either of me or Dr. van Dyck at any time during the presentation.
Type your question in the white message window to the right of the interface, select question for speaker from the drop down menu and hit send.
Include your state or organization in your message so we know where your question is coming from.
They'll be relayed on to us periodically throughout the broadcast.
If we don't have the opportunity to respond to your questions during the broadcast, we'll email you afterward.
We encourage you to submit questions at any time during the broadcast.

On the left of the interface is the video window.
You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon.
Those who selected accessibility features when you registered will see text captioning.
At the end of the broadcast the interface will close automatically and you'll have the opportunity to fill out an on-line evaluation.
Your responses will help us plan future broadcasts in this series and to improve our technical support.
Now let's move on with the presentation.

We've had a slight change in the agenda.
You'll first be hearing from me about the MCH training program and then from Dr. van Dyck who is the administrator for MCH.
He's meeting with Dr. Duke, we felt it was an important change to make.
Before we get to the presentation let's start with a quick poll which you should now see before you.
We're just going to try to determine -- get a rough estimate of the number of folks who are on the call today.
On your screen the following question and options should appear.
How many participants are on the call at your site?

And the options are from one to five, six to 10, 11 to 20, 21 to 40 or over 40.
Just select your options and hit submit and then we'll give you the poll results later in the broadcast.
I'll give you a moment to do that.
And then we'll move on to my presentation.

All right.
Thank you very much for taking the time to do the poll.
I wanted to talk a little bit this morning about the MCH training program, a little bit about our philosophy, goals and a few statistics about the program to give you a frame of reference about this program that for some of you who are trainees or faculty members might be supported by the training program.
Let's look at the big picture.
Within the organizational structure of the -- we start with the President.
Then the Secretary of the Department of Health and Human Services, then the Health Resources and Services Administrator, Dr. Betty Duke.
The person that Dr. van Dyck is meeting with and the Maternal and Child Health Bureau comes under HRSA.
We're just four quick steps away from the president.

Next talk a bit about funding, overall funding.
Dr. van Dyck will talk about the block grant, the bulk of the funding in the bureau.
There is also a significant investment in special projects of regional and national significance.
The MCH training program is among those projects.
The training portion of this funding composes about 35% of the entire investment.
Next we'll look at the MCH triangle.
This is a unique combination of investments in one federal agency.
We support programs in that component that provides services to the maternal and child health populations to provide research and training.
We hope each of these investments informs the other and they aren't separate entities.
It's why they're included as part of one agency.

Another pyramid is the MCH pyramid.
It's how we describe the services.
It's a complex system and we use it to communicate to Congress and others about the types of services that we provide.
At the top of the pyramid are direct health care services.
Dr. van Dyck will talk about this a little more as well.
Next are enabling services such as translation or transportation services.
Next are population-based services such as immunization and those sorts of services and at the bottom in the base of the pyramid are infrastructure building services such as maternal and child health training.
Needs assessment services.

Next is the division within the maternal Maternal and Child Health Bureau which funds the MCH training program.
The Division of Research, Training and Education, or DRTE as we refer to it.
Within DRTE there are two branches.
A research branch and the MCH training branch which I head.
We have some new programs that will be completed shortly including funding for doctoral dissertations.
We hope you ask faculty members about this as well.
It's a collaborative effort between the research and training branches.
I would like to talk a bit about the training program goals.
We're developing and refining these goals as part of a strategic planning effort that is underway.
We want to develop a workforce that has the knowledge, skills.
We want to develop a diverse workforce that can provide and develop family centered policies and services.

And we also want to develop MCH leaders.
I'll talk a little bit about leadership development because it's a hallmark of our program.
Next in the training program goals we want to generate, translate and apply new knowledge.
This integration between research and training is an important interface.
We want to develop national support for and investment in MCH training.
As we went through the process of developing the strategic plan many folks spoke of the importance of training and the leadership training in particular but very few federal agencies or foundations are funding training.
We think that's an important goal.
We want to advance interdisciplinary training and practice.
So what is training for leadership?
What are our expectations for you to become leaders?
It begins with recruitment and the program that you're in already.
They have certain criteria they're looking for to recruit trainees that they think will become leaders over the course of their careers.
It also involves developing skills in clinical area, in conducting research, organizational goals.
Communication goals.
How to communicate a message and get people to follow and get behind a message.
And advocacy and policy analysis.
We also are MCH values and approaches are important to us as well.
Family centered care and cultural competence.
We hope that's communicated to you as part of your leadership training experience.

Some examples of training are on the next slide.
Wide ranging.

Everything from authoring book chapters and journal articles, disseminating new research or new findings from a service setting to teaching and curriculum development.
Some former trainees have developed their own training programs.
They have been funded in an interdisciplinary setting and they've gone out and established their own interdisciplinary training program somewhere else or funded a program out of an MCH program at the local or regional or state level.
Also in policy and advocacy folks have developed a child abuse or neglect team or served on advisory groups across the country.
They tend to become much more involved in their professional associations after having taken part in the MCH training experience.

How about a few statistics about the MCH training program?
Our annual budget is $36.7 million.
We support ten categories of long-term training.
Including leadership education in neurodevelopmental disabilities.
Schools of public health, leadership education and adolescent health.
And pulmonary center and we also support training programs in developmental and training pediatrics, nursing, nutrition, pediatric dentistry, social work, occupational and physical therapy.
These programs are across the country as I'll show you in a moment.
There are a lot of people going through a very similar training experience as you are as trainees of this program.

We also support five categories of continuing education.
These tend to be smaller grants, short term continuing education, distance learning, collaborative office rounds, an annual MCH institute and MCH and public health which is an MCH certificate program.
Graduate medical education.
Competing this year are five programs within our portfolio including developmental behavioral pediatrics, nursing, social work.
In fiscal year 2001, the year we have the most recent data available we have supported 646 trainees, 503 of them were pre-Doc and it is and underestimate of trainees of the program because not everyone who participates.
We supported faculty which is is an important feature of the program.
It allows faculty to spend the time developing and refining the curriculum and focusing on the research interests of the trainees as well as their own research interests.
We supported 223 faculty full time equivalent and at least 110 full time equivalents provided time as in-kind contributions to the grant.

If you look at our current investments, nearly 50% of the total investment is in the leadership, education and neurodevelopmental disabilities which is our largest program.
35 of these programs across the country and they support 11 disciplines.
The next largest groups are schools of public health.

Leadership education and the rest including distance learning are smaller than that.
I realize that slide might be -- as I mentioned before, these programs are scattered throughout the country and also in Puerto Rico.
They tend to be clustered east of the Mississippi, many of them.
Although we're getting a better distribution over time.

This map is a bit dated but the geographic distribution has not changed dramatically.
But the message here is that there are lots of trainees who are taking part in these programs who I hope you'll meet over the course of your career.
Other faculty members as well who share similar experiences and we hope to encourage and we do encourage collaboration between all the different programs.
As I mentioned earlier, strategic planning is underway now in the MCH training program.
We developed the six goals I shared with you earlier and convening a group to develop more measurable objectives shortly.
It has gone out for comment in the field and we've received wonderful responses throughout the nation.
I'm excited about this process.
It builds upon an evaluation conducted of the training program several years ago and a needs assessment conducted at the University of Alabama at Birmingham.
We're looking at it critically in those who apply for funds around issues of recruiting and retaining diverse faculty and trainees.
And encouraging cultural competence as part of the curriculum and making sure all trainees have exposure to cultural competence during their training experience.

We also have a contract with the National Center for Cultural Competence which we hope will provide a source of technical assistance for you as you develop the training program as faculty members and also as you participate in the program as a trainee.
It's another priority area I'll be talking about the performance measures in a moment.
For the first time we're going to be collecting data about you in an electronic format so we won't have to cull data by hand which we've had to do in the past.
There are performance measures now for the MCH training program.
They've now been approved by the office of management and budget which is a federal agency that has to approve any initiative.

The first performance measure to look at the percentage of graduates at MCHB long term programs to demonstrate field leadership after graduation.
There are several dimensions of leadership that we're trying to measure here.

This will be refined over time but we want to make sure we're looking at the outcomes that you as trainees end up in positions of leadership after you complete this program.
We also are looking at the percent of participants in long term training programs who are from underrepresented groups.
Cultural groups but also geographic groups, those who end up serving rural or underserved areas.

We also want to look at the degree to which MCH supported programs ensure family's participation in their programs and policies.
And the degree to which trainee grants include cultural competency in the curriculum.
A theme you'll hear over and over from us as I mentioned earlier as well.
Finally, I hope that I get to meet you in person.
During upcoming site visits and meetings.
Many of you have trainee meetings and I hope trainees are able to attend these meetings in the future.
Please stay in touch.
This is my email address.
I try to be very responsive to any email questions that you might have.
And also, put in a final plug for as you receive evaluations from your training program in the future, please take a few moments to complete them and submit them so that we can assess the program over time.
It is very important to us hearing what your experience was.
At this point I will take any questions that we might have from the audience.
Remember, you can type in questions at any moment that you think of them.
You don't have to wait until we ask for questions and answers.
Are there any questions?

>>MADHAVI REDDY: It doesn't look like there are any questions at this point.

>>LAURA KAVANAGH: Okay.
No questions.
If any come to mind, please go ahead and enter them.
Let's look and see if we have the results of the first poll then.
To refresh your memory.
I'm new to technology.
There she is, great.
The first poll was how many participants are on the call at your site.
We have 36 responses.
It looks like 89% of you have one to five persons at your site.
11% have six to 10 participants.
0 with 11 to participants.
0 with 21 to 40 and 0 with more than 40 participants.

Thank you very much.

Okay.
Let's go ahead and conduct the second poll as well.

Dr. van Dyck is supposed to be showing up at any moment but we may move into his presentation as well.
The next poll is, what percentage of faculty in the room are former trainees from any Maternal and Child Health Bureau supported training programs.
The options are, give an estimate, 0%, about a quarter, about a half, about three quarters or everyone in the room.
You can go ahead and check your response and click submit and we'll tally those as well.

>>MADHAVI REDDY: We have a question?

>>LAURA KAVANAGH: All right.
Great.

>> MADHAVI REDDY: We have one question from a participant and he would like to know the timeline for the performance measures.

>> LAURA KAVANAGH: Timeline.
The performance measures have now been approved by the office of management and budget, as I mentioned.
What we hope is that by next fiscal year, fiscal year 2004, with the continuation applications in 2004 that you'll submitting responses to the performance measures next year.
So it will be ease it in over time.
There might be some performance measures that you haven't collected data yet for but we'll need them in over time.
You may not have data from your former trainees a five-year survey yet but you may be able to answer the rest of the performance measures as well.
We want your feedback so we can improve them over time.

>> MADHAVI REDDY: Looks like there is one more question from a participant. She would like to know where is OT/PT not being funded.

>> LAURA KAVANAGH: OT/PT is currently funded through the leadership education and neurodevelopmental disabilities program.
We funded occupational and physical therapy as separate training programs as well in the past.
But made the decision we'll fund it solely through the neurodevelopmental program as an interdisciplinary program in the future.
The investment would be through leadership education in neurodevelopment.
Okay.
Let's -- okay.
I'm going to go ahead and move forward with Dr. van Dyck's presentation.

I hope he'll be joining us at any moment so you'll get an opportunity to meet him virtually on the projection screen.

For those of you who weren't trainees.
Our faculty members might not be available today there are archives of the presentations available on the website as well so you can find it there later.
One tidbit about Dr. van Dyck I want you to be aware of.
I hope I'll be introducing him shortly.
He also is a former trainee.
He received his Masters in Public Health at the School of Public Health at the University of California Berkeley.
We count him among the leaders who are former trainees of the MCH training program.
You'll notice some of the things that seem to come up in Dr. van Dyck's presentation, leadership is the first effort of the training program.
The bureau and he emphasizes it whenever he presents the program to others as well.

The bureau has a strategic plan and their mission is to provide national leadership and to work in partnership with states, communities, public private partners and families to strengthen the MCH infrastructure.
Insure the availability of medical -- and build the knowledge of human resources to ensure improvement in the health, safety and well-being of the MCH population.
We get questions frequently about who do we mean by the MCH population.
It is not strictly limited to mothers and children.
It includes all women, children, fathers and children with special health care needs.

The strategic plan goals for the bureau include providing national leadership for maternal and child health by creating a shared vision.
Informing the public.
Modeling new approaches to strengthen health.
Strong collaborative partnerships and an environment that supports accountability for MCH issues.
It's to eliminate health disparities and health status outcomes with the removal of social, culture barriers to receive health care.
The highest quality of care with evaluation tools.
At my short time at the bureau.
There has been a great emphasis under the leadership of Dr. van Dyck.
Evaluation is also receiving an increased emphasis here as well.
And the utilization of evidence-based research and the availability of a well-trained, culturally diverse workforce which is our contribution.
We also want to facilitate access to care through the development of MCH infrastructure and enhance the provision of necessary, coordinated, quality health care.

Performance.
To pick up on one of these goals further.

This is a very complicated pyramid that I'll be presenting here.
It's the same four levels to the pyramid I presented earlier.
But what distinguishes the maternal and child health program from other programs like community health centers or early and periodic screening diagnosis an treatment which is part of the centers for Medicare and Medicaid insurance or the children's health insurance program we provide services at all four levels of the pyramid as indicated here.
Community health centers get direct health care services in enabling and we get services throughout those as well and the same with the state children's health insurance program.
The MCH program provides services to all four levels of the pyramid to the maternal and child health population.
The next emphasis of the program is accountability.
We developed a performance measurement system that the MCH performance measure is a part of this system.
It begins on the left with conducting regular needs assessments.
Our block grantees, for example, conduct needs assessments in their states every five years and continually updating those assessments to determine what are the pressing and emerging needs in their state so they can develop programs and policies to address those needs.
They also look at health status indicators within their states as well.
Then we develop priorities and goals based on these regular needs assessments and we'll also be conducting needs assessment in the MCH training program regularly as well.

From the program and resources we develop performance measures and you saw some examples of those from the MCH training program earlier.
We're developing those for the block grant, all of the span program.
We also support bioterrorism grants, emergency medical services for children, abstinence education and a variety of other programs as well.
Ultimately we want to be influencing outcomes.
Most of the outcomes are mortality measures at this point.
That will be changing over time.
We also will be looking at some intermediate outcomes such as developing leaders in the field of maternal and child health.

A note about the budget for 2004.
The block grant budget increase in the president's budget projected to be increased to $750 million.
The state block grant will increase projected to increase the $622 million.
SPRANS with increase to $109 million.
CISS program with increase to $19.3 million and ear marks year to year.

We aren't showing any now but it will likely change by the time we get the 2004 budget.
You'll see on the next slide there are budgets also for healthy start, newborn hearing screening, emergency medical services for children, poison control centers, trauma and emergency medical services, abstinence education, we support both community and state based grants, bioterrorism and traumatic brain injury.
A small advance every day will total much less than a big advances.
We hope we'll be making big advances, but we'll continue taking small advances.
At this point I'll ask again if -- actually, why don't we go in and take questions.
See if there are any additional questions based on Dr. van Dyck's presentation.

>>MADHAVI REDDY: There were three questions.
They refer back to Laura's presentation.
The first question, will these slides be available online later because a participant missed.

>>LAURA KAVANAGH: Yes.
They'll be available on the website following the presentation.
They're generally up within a week or so.
And they will be available on that site.

>>MADHAVI REDDY: The second question, the participant says continuation education grants were not solicited this year.
Will they be renewed next fiscal year?

>>LAURA KAVANAGH: Yes, a great question.
Yes, this year continuing education and distance learning grants weren't competed but they'll be completed next way.
You can access the programs through the HRSA preview.
It's a preview of all of the grants that we're going to fund for the coming fiscal year.
It's published in the summer.
We generally say it will be available in June.
It generally is available in July.
Look for it on the HRSA website at WWW.HRSA.gov and we've included both the continuing education and distance learning grants will be part of that.

>>MADHAVI REDDY: Final question for Laura.
When will the evaluation forms be available electronically?

>>LAURA KAVANAGH: If you're talking about for the presentations, they will come up automatically at the end of the presentation.
As soon as we're finished getting the second poll results and any additional questions and answers they'll come up automatically on your screen before you.
If that's not the question please reenter it and I'll try to answer it.

>>MADHAVI REDDY: We have three questions based on Dr. van Dyck's presentation.
The first question, to what extent, if any, is substance abuse a priority area for MCH in doing research or education?

>>LAURA KAVANAGH: Substance abuse issues have been funded through the MCH research program historically.
And access to services is clearly an issue from that applied research, the applied research program here.
From the services standpoint, I think that most of the emphasis around substance abuse has been around the integration of service systems for mothers and children in the country, not specifically around substance abuse access in particular.
The substance abuse and mental health services administration, which is also a federal agency, funds substance abuse and mental health services grants as well.

I'm very happy that Dr. van Dyck is now joining us.
We actually got ahead of time, Dr. van Dyck so I've gone through your slides.
But I hope that we will have questions for Dr. van Dyck.
I'll refer the questions that are coming now to you because I was answering some of them here.
This is Dr. Peter van Dyck, the associate administrator.
I'll turn it over to him to make any comments he would like.
Then you can ask him any questions.
Welcome, Dr. van Dyck.

>>PETER VAN DYCK: It is good to be here.
I'm a little late.
I had another meeting I had to go to.
I'm sorry.
You've been through the slides so--

>>LAURA KAVANAGH: We ended up going through them.

>>PETER VAN DYCK: You must have talked quickly.
It's wonderful to be able to host this kind of a conference and be able to host you as trainees.
I would be happy to answer your -- any questions that you have from my presentation that Laura gave.

>>LAURA KAVANAGH: I hope I didn't misrepresent anything.

>>PETER VAN DYCK: I'm sure you didn't.

>>MADHAVI REDDY: I have a question from a participant.
Why was the money cut to zero dollars for newborn hearing screening?

>>PETER VAN DYCK: One of the slides showed the difference between the fiscal 2003 and fiscal 2004 budget and despite the fact that newborn hearing screening was put in our budget, the OMB often removes -- looks at budgets more carefully and OMB thought that the block grant could handle newborn screening, newborn hearing screening program from the existing block grant fund.
They thought they could get efficiency.
The year before it was also zeroed out.
Congress reinstituted the funds.
The reason is that it's not that people don't like the newborn hearing screening program, it is a valuable program.
We have increased newborn hearing screening in hospitals from about 45% of all newborns to around 85% of all newborns screened for hearing.
And hope to get that up to 95% or so in this next year.
It's just the department felt they could gain greater efficiencies by having states handle it through the block grant.

>>MADHAVI REDDY: This question goes back to Laura.
Is there any possibility that the grants will allow for training of pre-doctoral psychology fellows in the future?

>> LAURA KAVANAGH: That is a possibility.
I'm looking within the room to Denise Sofka, who is the project officer for the adolescent health grant as well.
It's something that we can certainly discuss.
I don't know that -- I don't know that we've talked about it recently but it is something that we can certainly discuss.

>>MADHAVI REDDY: The question about the evaluation forms.
We were asking about when the electronic forms for annual evaluation of our grants would be available.

>> LAURA KAVANAGH: I see.
As part of the performance measure system, one of the performance measures is around the -- whether your former trainees have become leaders in the field and there will be a form that will come out with that that will give dimensions of leadership that you'll complete.
Now, several programs have developed their own survey instruments that will be able to answer that performance measure and I would be happy to send you a copy of some of those drafts.
I know the leadership education in neurodevelopmental disabilities program has a survey and others have developed them as well.
There may be others as well.

There are several that are in the works that will answer that performance measure thing and we would be happy to share that with you.
If you indicated on your question -- where you're from, I'll send it to you.

>>MADHAVI REDDY: There is one final question.
How will cultural competency be measured?
Will faculty be trained in cultural competency?

>>LAURA KAVANAGH: Cultural competency currently is a self-assessment measure.
You will rate yourselves as a program on whether you provide certain aspects of the cultural competency training and that includes are your staff and faculty, do they receive training in cultural competency issues?
Has it been incorporated into your curriculum?
Both the curriculum and training as well as your field experiences.
And a number of other dimensions.
I think there are seven dimensions.
It will be a self-report and our expectations and hope is that over time your score will increase as you focus on these areas within your training.

>>MADHAVI REDDY: There are no further questions at this time.

>> LAURA KAVANAGH: Let's post the results of the second poll.
When we asked you what percentage of the faculty in the room are former trainees from MCH training programs.

>>MADHAVI REDDY: We have 42 responses.
60% have 0% former trainees from any training program.
17%, 10% 50%.
50% approximately 75% and 14% 100%.

>> LAURA KAVANAGH: Terrific.
I'm going to give you another opportunity to ask any questions, particularly when Dr. van Dyck is in the room.
Very happy he's joined us.
I'm sorry I moved some quickly through the slides.
I'll give you a moment to ask any additional questions.

>>PETER VAN DYCK: I had a budget question earlier.
The reason I was a little late is because we got called downstairs to start the 2005 budget process.
So I'm showing you a final 2003 budget, or Laura showed you a final 2003 budget and the president's budget for 2004 but we're already beginning to prepare our proposals and ideas for the 2005 budget.

>> LAURA KAVANAGH: Any additional questions?

>>MADHAVI REDDY: No.

>>LAURA KAVANAGH: Okay.
Thank you so much for joining us for this Webcast for the training program.
We'll be doing more of these in the future.
Most that will have a particular topic focus.
I would be interested if you would take a moment.
Indicate it on your evaluation form or send me an email about future topics you would like to hear from us.
Thank you very much from Rockville.
Take care.